

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 22-100; the proponent agency is TRADOC

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 22-100. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI)	Rank/Grade	Social Security No.	Date of Counseling
Organization		Name and Title of Counselor	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g., performance/professional growth or event-oriented counseling, and includes the leader's facts and observations prior to the counseling.)

To:

- Maintain compliance with Local travel guidance imposed by the Local commander.
- Ensure that soldier is planning travel in a safe manner.

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

While conducting our (weekly) (3-day weekend) (4-day weekend) safety briefing, it was brought to my attention that you plan to travel outside the designated _____ mile limit imposed on members of this command by _____. I am informing you that you are required to have a (DA Form 31) (Pass Form) in your possession to ensure that you are properly covered in the event of an accident or incident. Failure to utilize this form may result in a negative line of duty investigation and as a result you may be required to pay medical bills or other bills normally paid by the military in the event of accident or incident. Certain other benefits may also be affected. Ensure prior to your departure you have this form completed and in your possession. Under no circumstances are you to depart the local area without this form.

In addition, you should ensure that you plan for traffic, weather conditions, sleeping, and eating while traveling. Do not attempt to travel distances beyond your capabilities. It is also your responsibility to ensure that you maintain adequate funds to ensure your safe return.

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action: *(Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below).)*

- Ensure that the soldier understands the reasons for this policy.
- Work with the soldier to obtain the required documentation.
- Obtain a point of contact if necessary.

Session Closing: *(The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)*

Individual ☐ I agree ☐ disagree with the information above.

Individual counseled remarks:

Signature of Individual _____ Date: _____

Leader Responsibilities: *(Leader's responsibilities in implementing the plan of action.)*

- Assist soldier in obtaining DA Form 31/Pass Form.
- Conduct proper safety briefing / vehicle inspection.
- Ensure a point of contact is listed.

Signature of Counselor: _____ Date: _____

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: *(Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)*

Counselor: _____ Individual _____ Date of _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.